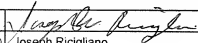
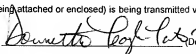


| | | | |
|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b style="font-size: 1.2em;">FEE TRANSMITTAL <b style="font-size: 1.1em;">For FY 2009 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/712,266 |
| | | Filing Date | November 14, 2003 |
| | | First Named Inventor | Richard Bruce BRANDON |
| | | Examiner Name | SMITH, Carolyn |
| | | Art Unit | 1631 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 245.00 |
| | | Attorney Docket No. | 007048022US |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>50-2283</u> Deposit Account Name <u>Perkins Coie LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|-----------------------------|---------------------|-----------------------------|---|-----------------------------|----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | <small>Small Entity</small> | | <small>Small Entity</small> | | <small>Small Entity</small> | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| 2. EXCESS CLAIM FEES | | | | | | | Fee (\$) |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 52 |
| Each independent claim over 3 (including Reissues) | | | | | | | 220 |
| Multiple dependent claims | | | | | | | 390 |
| | | | | | | | 195 |
| Total Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| - 20 or HP = | | x | | = | | _____ | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| - 3 or HP = | | x | | = | | _____ | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | |
| - 100 = | | /50 = | | (round up to a whole number) x | | = | |
| | | | | | | | Fee Paid (\$) |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | _____ |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month | | | | | | | 245.00 |

| | | | |
|---------------------|---|-----------------------------------|--------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 48,511 |
| Name (Print/Type) | Joseph Ricigiano | Telephone | (202) 628-6600 |
| | | Date | September 17, 2009 |

| | |
|--|---|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). | |
| Dated <u>9/17/09</u> | Signature:  (Downetta Teagle-Tate) |